

State of Rhode Island and Providence Plantations
Department of State - Business Services Division**Application for Certificate of Authority****FOREIGN Business Corporation**

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

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BUSINESS DIV
2020 MAY 19 AM 11:53
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1. The name of the corporation is: RVL Pharmaceuticals, Inc.					
2. It is incorporated under the laws of: Delaware					
3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:					
4. The date of its incorporation is: 8/9/2011 And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____					
5. The address of its principal office is: 2500 Main Street Extension, Suite 6, Sayreville, NJ 08872					
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name Corporation Service Company Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200 <table border="1"> <tr> <td>City/Town warwick</td> <td>State RHODE ISLAND</td> <td>Zip Code 02888</td> </tr> </table>			City/Town warwick	State RHODE ISLAND	Zip Code 02888
City/Town warwick	State RHODE ISLAND	Zip Code 02888			

MAIL TO:**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov**FILED****MAY 19 2020**

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USE ONLY

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
Sales of pharmaceutical products

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
See attached	

Check the box to indicate an attachment ☐

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	See attached	
VICE PRESIDENT		
TREASURER		
SECRETARY		

Check the box to indicate an attachment ☐

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
55,000	Common		.0001

10. An estimate, **as a percentage**, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

1 _____ %

11. An estimate, **as a percentage**, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

1 _____ %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Authorized Officer
Christopher Klein

Date
5/14/2020

Signature of Authorized Officer of the Corporation

DocuSigned by:
SIGN Christopher Klein
41C10724B52A43C

RVL Pharmaceuticals Inc.

OFFICERS

Name	Title	Business Address	Personal Address
Brian Markison	CEO	400 Crossing Blvd. Bridgewater, NJ 08807	22 Morven Place Princeton, NJ 08540
Andrew Einhorn	CFO	400 Crossing Blvd. Bridgewater, NJ 08807	15 Garabrant Street Mendham, NJ 07945
James Schaub	Vice President	400 Crossing Blvd. Bridgewater, NJ 08807	121 King George Road Pennington, NJ 08534
Christopher Klein	General Counsel & Secretary	400 Crossing Blvd. Bridgewater, NJ 08807	5 Firestone Court Skillman, NJ 08558

DIRECTORS

David Burgstahler	Director	400 Crossing Blvd. Bridgewater, NJ 08807
Sriram Venkataraman	Director	400 Crossing Blvd. Bridgewater, NJ 08807
Daniel Sielecki	Director	400 Crossing Blvd. Bridgewater, NJ 08807
Carlos Sielecki	Director	400 Crossing Blvd. Bridgewater, NJ 08807
Juan Vergez	Director	400 Crossing Blvd. Bridgewater, NJ 08807
Brian Markison	Director	400 Crossing Blvd. Bridgewater, NJ 08807

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RVL PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RVL PHARMACEUTICALS, INC." WAS INCORPORATED ON THE NINTH DAY OF AUGUST, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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Jeffrey W. Bullock, Secretary of State

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SR# 20203940099

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202934760

Date: 05-14-20



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

May 19, 2020 11:53 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

